

Lab Reports**Laboratory Name:** _____**Lab Report Date:** _____**Ordering Provider Name:** _____**Phone:** _____**Facility:** _____**Specimen Accession Number:** _____**Specimen Collection Date:** _____**Organism Name:** _____**Organism Species:** _____**Organism Serogroup:** _____**Organism Serotype:** _____**PFGE Results****Pattern 1** **KS:** _____**Other State:** _____**CDC:** _____**Pattern 2** **KS:** _____**Other State:** _____**CDC:** _____**Pattern 3** **KS:** _____**Other State:** _____**CDC:** _____**Additional Results Information****Reported Test Name:****Coded Result:****Text Result:****Numeric Result:****Comments:**
